

STATE OF CALIFORNIA

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-08) OPI 009

AREA	DIVISION	NUMBER
Santa Cruz Area	Coastal Division	720
EVALUATED BY	DATE	
Sergeant Wallace	03/21/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten, if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 04/30/2009
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW <i>A. Manriquez</i>
<input type="checkbox"/> Correction Report BY		DATE
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes
		ACTION REQUIRED No
		CORRECTED N/A

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☐ Yes ☐ No

- (1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

- (4) Are goals appropriately categorized?

☒ Yes ☐ No

- (5) Are goals realistic?

☒ Yes ☐ No

- (6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

- (7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

- b. Are goals being accomplished?

☒ Yes ☐ No

- (1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

- (2) Are accidents increasing?

☐ Yes ☒ No

- (3) Are injuries increasing?

☐ Yes ☒ No

- (4) Why are they increasing/decreasing? Accidents and injuries are decreasing due to Santa Cruz Area's concentrated training on awareness of occupational safety.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

- (6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

- (7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION	EVALUATED Yes	ACTION REQUIRED NO	CORRECTED N/A
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- a. Commander actively involved in program?

☒ Yes ☐ No

- (1) Commander active in injury/illness case management?

☒ Yes ☐ No

- (2) What is the commander's attitude regarding occupational safety? Captain Manriquez's concern, interest and enthusiasm project and exemplary attitude towards occupational safety. The commander is actively involved in all aspects of the Occupational Safety Program.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
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a. Commander's method of identifying trends? Captain Manriquez closely reviews the CHP 113's, CHP 208's, and OSHA 200 logs on a regular basis looking for any trends. She also listens to employee suggestions and/or comments in an effort to identify trends.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? Any noted trends have been briefed to the officers for a greater awareness of the situation to avoid future problems.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
Yes

ACTION REQUIRED
Yes

CORRECTED
Yes

a. What is the composition of the COSC? The Santa Cruz Area COSC is composed of the Commander, a sergeant, clerical supervisor, maintenance person, auto technician, motor officer, and a representative from each shift.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☐ Yes ☒ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☐ Yes ☒ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED Yes
		CORRECTED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record, check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED No
		CORRECTED N/A
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

DATE: 03/22/2009

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**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
Hollister-Gilroy	Coastal	725
EVALUATED BY	DATE	
Sergeant Christopher Ertzner, #14944	02/22/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE	
<input type="checkbox"/> Formal Evaluation	<input checked="" type="checkbox"/> Informal Evaluation		
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW	DATE
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Correction Report BY <u>Sergeant Ertzner</u>		
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED No
			CORRECTED

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☐ Yes ☒ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☐ Yes ☒ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? The accidents and injuries over the past 3 years have not increased or decreased, however are pretty consistent with each other.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Commander actively involved in program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Commander active in injury/illness case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) What is the commander's attitude regarding occupational safety? <u>That every employee in the Hollister-Gilroy command has the responsibility and obligation to put safety 1st and foremost.</u>			

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Yes
a. Commander's method of identifying trends? The review of the CHP 113, Accident and Injury Report, on a quarterly basis throughout the year by the Commander will identify trends.			
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. What corrective action has the command taken when a trend has been identified? N/A - No trends have been identified over the last several years.			

(1) Are commanders, managers, and supervisors actively implementing corrective actions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. What is the composition of the COSC? Captain McRae, Sergeant Ertzner (Safety Coordinator), 1 special duty officer, 1 clerical personnel, the automotive technician, the janitor and 3 officers from the field.			
(1) Is there representation from each collective bargaining unit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED Yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Yes
a. Employees aware of procedures regarding DOSH inspections?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Pending
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

(5) Training documented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED Yes
		CORRECTED Pending
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Training documented?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

The following sections were found to be in need of action required and corrections needed:

3. a. (2) - Sergeant Ertzner (Occupational Safety Coordinator) immediately implemented the review of the required documents at the 1st Quarter Occupational Safety meeting on February 14, 2009.
5. b. - The DMV INF 254 is not utilized, however, a driver's license check is performed during the employee's yearly evaluation.
5. c. (6) - The OSHA 300A for 2008 was completed and posted by Sergeant Ertzner in February as required by Cal-OSHA.
5. e. (1) - The 113A, Safety Inspection Checklist, is required to be conducted semiannual and was not completed in 2008. Sergeant Ertzner assigned Officer Jensen to conduct a 113A inspection which was done on February 9, 2009. The second 113A inspection will be conducted in conjunction with the 3rd Quarter Occupational Safety meeting later in the year.
7. a. - Sergeant Ertzner does not feel that all employees are aware of the procedures regarding DOSH inspections. Sergeant Ertzner prepared a briefing item on February 22, 2009 and forwarded a copy of the briefing item to all members of the 2009 Occupational Safety committee.
8. a. - The command does not have a written Hazardous Substance Program for substances used within the command. The hazardous substances that require MSDS paperwork are secured and under the control of Tom McJunkin, Automotive Technician. Sergeant Ertzner will complete and post a CHP 189 - Hazardous Substances Inventory as it pertains to the hazardous substances which require MSDS 's.
8. (4) and 8. (5) - During the annual performance review, supervisors will direct employees to review the CHP 189 as listed in section 8. a. which will be placed in the IIPP.
9. (1) - 9. (2) - 9. (3) - 9. (4) - Sergeant Ertzner believes a majority of the employees are not familiar where the gas pump and propane tank emergency shut-off valves are located. It will be implemented in the orientation process of new officers to the Area and at the next Area training day. Sergeant Ertzner will ensure the training officer, K. Sakamoto conducts the training. Sergeant Ertzner will inform the Automotive Technician, Tom McJunkin, that in case a gasoline spill occurs while an employee is fueling their patrol vehicle at the gas pumps, that absorbent is readily available at the gas pump station.

Sections 8 and 9 have corrections pending and a supplemental correction report by Sergeant Ertzner will follow and be attached.

Summary: The Occupational Safety program in the past decade was not maintained to Cal-OSHA and Departmental standards. However, Captain McRae and the Occupational Safety committee members are actively involved. As a result, the Hollister-Gilroy Area is now in compliance with the standards and now can operate an effective Occupational Safety program.

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 12
 OCCUPATIONAL SAFETY

Area
Monterey

Division
Coastal

Number

730-09-001

Evaluated By Sergeant Carr

Date 07/27/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☐ Formal

☒ Informal

Suspense Date

Follow-up Required

☒ Yes

☒ No

☐ Correction Report

by _____

W. P. ...

2329 Commander's Review
Date

1. GOALS AND ACCOMPLISHMENTS

Evaluated

☒

Action Required

☐

Corrected

☐

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/ trends considered when setting goals?

☒ Yes ☐ No

(3) Are illnesses and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? The Area has seen a decrease in accidents and injuries due to the emphasis of occupational safety during daily shift briefings, quarterly training days and occupational safety comitee meetings.

(5) Is CHP 113 posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
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OCCUPATIONAL SAFETY

2. PARTICIPATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Commander actively involved in program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Commander active in injury/illness case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) What is the commander's attitude regarding occupational safety?			
The Commander continues to emphasize to both the Area's employees and coordinator the importance and significance of a healthy Occupational Safety program. The commander oversees the program and is actively involved in both the DOSM as well as the COSM.			
(3) Occupational safety issues discussed at staff meetings and training days?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do they have the appropriate attitude?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are employees involved in their case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are they aware of the command's achievements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is employees' equipment properly used and maintained?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. ACCIDENT AND INJURY TRENDS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Commander's method of identifying trends? The commander reviews past and present injury reports to identify any possible trends.			

AREA MANAGEMENT EVALUATION
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OCCUPATIONAL SAFETY

- (1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No
- (2) Is the Occupational Safety Committee reviewing CHP 113, OSHA 200 Log entries, prior meeting minutes? ☒ Yes ☐ No
- (3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? Once a trend is identified the information is relayed to all affected employees during briefings, training days and staff meetings.

- (1) Is commander, the managers, supervisors, actively implementing corrective actions? ☒ Yes ☐ No

**4. COMMAND OCCUPATIONAL
SAFETY COMMITTEE (COSC)**

Evaluated
☒

Action Required
☐

Corrected
☐

a. What is the composition of the COSC? Area Commander, Sergeant, Field Officer, Special Duty Officer, Motorcycle Officer, Clerical Staff Employee, Maintenance Worker, Auto Tech, and Communications Operator.

- (1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No
- (2) Management and supervisory representation? ☒ Yes ☐ No
- (3) Command Safety Coordinator assigned? ☒ Yes ☐ No
- (4) Command Safety Coordinator active and effective? ☒ Yes ☐ No
- (5) Are Committee assignments rotated? ☒ Yes ☐ No
- (6) COSC meetings held quarterly? ☒ Yes ☐ No
- (7) Are meetings held more frequently when goals are not being attained? ☒ Yes ☐ No
- (8) Do all Committee members attend the meetings? ☒ Yes ☐ No
- b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No
- (1) Do Committee members understand their roles and responsibilities? ☒ Yes ☐ No
- (2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No
- (3) Are departmental and Division Occupational Safety meeting minutes readily available? ☒ Yes ☐ No
- (4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No
- (5) Are assignments given during Area meetings? ☒ Yes ☐ No
- c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No
- (1) Recording secretary appointed? ☒ Yes ☐ No
- (2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
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(3) Are minutes included in IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate information/training regarding health and safety issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Does the command maintain an effective health/safety communications system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Potential hazards reported on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. STD 261s completed annually and filed in employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254 utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 200 Log utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year Log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
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(2) CHP 113s and attachments processed in timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Does the command utilize the CHP 113A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are semi-annual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) CHP 113A maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Are unsafe conditions identified and documented on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copy of CHP 113B filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
g. Are the CHP 121 series forms thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisory comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208 form thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	Evaluated <input checked="" type="checkbox"/>	Action Required 1	Corrected <input type="checkbox"/>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION
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OCCUPATIONAL SAFETY

(6) New employees review and complete CHP 712A?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe conditions identified, investigated, corrected and documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>	
a. Employees aware of procedures regarding DOSH inspections?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents available for review by DOSH Compliance Officer?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>	
a. Does command have a written Hazardous Substance Program for substances used within that command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>	
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided per bargaining unit agreements?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
COMMENTS				

**MONTEREY AREA
AREA MANAGEMENT EVALUATION
CHAPTER 12**

1. GOALS AND ACCOMPLISHMENTS

b.(4) Accidents and injuries have decreased due to the efforts of management to focus on and increase overall awareness of occupational safety issues by all employees.

2. PARTICIPATION

a.(2) The Monterey Area Commander is actively involved in the Area's Occupational Safety Program. He routinely attends Occupational Safety Meetings and addresses any potential Occupational Safety issues during quarterly training days and staff meetings.

3. ACCIDENT AND INJURY TRENDS

a. The Monterey Area Commander keeps apprised of all injuries and accidents by actively communicating with the Area's supervisors. Comparison of the Area's Occupational Safety Goal Progress Report against the Occupational Safety Goals is also a method used by the commander to identify trends. The Area's injuries and accidents are also discussed at all Occupational Safety Meetings and staff meetings which the commander actively participates in.

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)


a. The Monterey Area Occupational Safety Committee is comprised of Captain W. Perlstein, Sergeant N. Salmeron, Officer J. Campos, Officer J. Ivey, Officer T. Ainsworth, Communications Manager, Nicole Stewart, Office Tech Y. Pimentel and Auto Technician Anita Lopez. The committee encompasses all employees directly involved with occupational safety issues.

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
King City	Coastal Division	735-09-001
EVALUATED BY	DATE	
Sgt. Wheeler	02/26/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/01/2009
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 03.02.09
1. GOALS AND ACCOMPLISHMENTS		EVALUATED ACTION REQUIRED CORRECTED NO ^{SN}

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? N/A

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED	ACTION REQUIRED	CORRECTED
-----------	-----------------	-----------

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? #1 Priority

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
		NO	

a. Commander's method of identifying trends? Review of monthly evaluations, all STD 270's and CHP 208's.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? N/A

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED	ACTION REQUIRED <i>92</i> No	CORRECTED
a. What is the composition of the COSC? All office personnel.			
(1) Is there representation from each collective bargaining unit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED	ACTION REQUIRED <i>NO</i>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED	ACTION REQUIRED <i>SN</i> <i>NO</i>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	EVALUATED	ACTION REQUIRED <i>SN</i> <i>NO</i>
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED	ACTION REQUIRED <i>SN</i> <i>NO</i>
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED	ACTION REQUIRED <i>ADD SN</i>	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Business Response Plan provided annually to all employees.

M e m o r a n d u m

Date: November 26, 2008

To: Coastal Division
Attention: Chief Abney

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
King City Area

File No.: 735.12109.12109

Subject: AREA RESPONSE/FOLLOW-UP TO CHAPTER 17 INSPECTION

This memorandum is being submitted to address the action items identified from the Formal Chapter 17 Inspection conducted by Coastal Division on October 8, 2008.

Chapter 17 – Officer Safety

Issue 1: Area was deficient with required pistol, shotgun, and rifle qualifying shoots as outlined in HPM 70.8, Chapter 3-1.

Area Action: Reason for missed shoots is documented by the Area. Regardless, Area will ensure officers and sergeants have completed the required number of shoots before the end of the year. Both Area weapon officers will be employed to accomplish this task.

Issue 2: OST/PMA certification for two uniformed employees had expired requiring immediate action per HPM 70.6, 17-1.

Area Action: The two identified uniformed employees were Sergeant Neumann and Officer Nibecker. Officer Nibecker was recertified in PMA/OST on November 19, 2008. Sergeant Neumann was recertified on November 26, 2008.




M. MANN, Lieutenant
Commander
King City Area

Safety, Service, and Security

AREA King City	DIVISION Coastal Division	NUMBER 735-09-001
EVALUATED BY Sgt. Wheeler		DATE 02/26/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/01/2009
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 03.02.09
1. GOALS AND ACCOMPLISHMENTS		EVALUATED ACTION REQUIRED NO ^{SN} CORRECTED

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☐ Yes ☒ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? N/A

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED	ACTION REQUIRED	CORRECTED
a. Commander actively involved in program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(1) Commander active in injury/illness case management? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(2) What is the commander's attitude regarding occupational safety? #1 Priority		

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
		NO	

a. Commander's method of identifying trends? Review of monthly evaluations, all STD 270's and CHP 208's.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? N/A

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AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED	ACTION REQUIRED <i>92</i> <i>NO</i>	CORRECTED
a. What is the composition of the COSC? All office personnel.			
(1) Is there representation from each collective bargaining unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Management and supervisory representation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Command Safety Coordinator assigned?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Command Safety Coordinator active and effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Are committee assignments rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) COSC meetings held quarterly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are meetings held more frequently when goals are not being attained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Do all committee members attend the meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are roles and responsibilities defined in accordance with IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Do committee members understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is an agenda prepared prior to the meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are departmental and Division Occupational Safety meetings minutes readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are these minutes utilized for Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Are assignments given during Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Minutes prepared for the COSC meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Recording secretary appointed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Minutes posted on command's Occupational Safety Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are minutes included in IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Minutes maintained current year, plus three?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Minutes forwarded through channels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the COSC effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are COSC recommendations clear, concise and pertinent to the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) COSC proactive to eliminate potential causes of accidents and injuries?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) COSC disseminate current information and training regarding health and safety issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Do all personnel receive current information regarding health and safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Are outside agency safety programs utilized as a resource?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
g. Does the command maintain an effective health and safety communications system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED	ACTION REQUIRED <i>NO</i>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED	ACTION REQUIRED <i>NO</i> <i>SN</i>	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED	ACTION REQUIRED <i>NO</i> <i>SN</i>	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED	ACTION REQUIRED <i>NO</i> <i>SN</i>	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED	ACTION REQUIRED <i>ADD SN</i>	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Business Response Plan provided annually to all employees.

Memorandum

Date: November 26, 2008

To: Coastal Division
Attention: Chief Abney

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
King City Area

File No.: 735.12109.12109

Subject: AREA RESPONSE/FOLLOW-UP TO CHAPTER 17 INSPECTION

This memorandum is being submitted to address the action items identified from the Formal Chapter 17 Inspection conducted by Coastal Division on October 8, 2008.

Chapter 17 – Officer Safety

Issue 1: Area was deficient with required pistol, shotgun, and rifle qualifying shoots as outlined in HPM 70.8, Chapter 3-1.

Area Action: Reason for missed shoots is documented by the Area. Regardless, Area will ensure officers and sergeants have completed the required number of shoots before the end of the year. Both Area weapon officers will be employed to accomplish this task.

Issue 2: OST/PMA certification for two uniformed employees had expired requiring immediate action per HPM 70.6, 17-1.

Area Action: The two identified uniformed employees were Sergeant Neumann and Officer Nibecker. Officer Nibecker was recertified in PMA/OST on November 19, 2008. Sergeant Neumann was recertified on November 26, 2008.



M. MANN, Lieutenant
Commander
King City Area

Safety, Service, and Security

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 12
 OCCUPATIONAL SAFETY

Area
Templeton

Division
Coastal

Number

Evaluated By Sgt. D. Hart

Date 3-5-09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☐ Formal

☒ Informal

Suspense Date

Follow-up Required

☐ Yes ☒ No

☐ Correction Report

by _____

Commander's Review

Date 3/6/09

1. GOALS AND ACCOMPLISHMENTS

Evaluated

☒

Action Required

☐

Corrected

☐

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/ trends considered when setting goals?

☒ Yes ☐ No

(3) Are illnesses and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing?

Accountability, oversight, and occupational safety discussions (training days & briefings).

(5) Is CHP 113 posted or readily accessible? (Accessible in CHP 113 files).

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
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2. PARTICIPATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Commander actively involved in program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Commander active in injury/illness case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) What is the commander's attitude regarding occupational safety?			
The lieutenant is proactively involved in case management and oversight.			
(3) Occupational safety issues discussed at staff meetings and training days?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do they have the appropriate attitude?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are employees involved in their case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are they aware of the command's achievements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is employees' equipment properly used and maintained?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. ACCIDENT AND INJURY TRENDS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Commander's method of identifying trends? Review of reports of injury/accident, training day discussions, and monitoring quarterly goal attainment.			

AREA MANAGEMENT EVALUATION
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OCCUPATIONAL SAFETY

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, OSHA 200 Log entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified?		
When trends are identified the issue is discussed during training days and briefings. In addition, the COSC discusses possible solutions to any identified problems.		
(1) Is commander, the managers, supervisors, actively implementing corrective actions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/> Corrected <input type="checkbox"/>
a. What is the composition of the COSC? Area commander, OSSl, Automotive technician, field supervisor, officer (all bargaining units are represented).		
(1) Is there representation from each collective bargaining unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are Committee assignments rotated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all Committee members attend the meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do Committee members understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meeting minutes readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings? When necessary.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
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(3) Are minutes included in IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate information/training regarding health and safety issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Does the command maintain an effective health/safety communications system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Potential hazards reported on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. STD 261s completed annually and filed in employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254 utilized to request driver's license record check and filed in the employee's field folder? (INF only for Initial hires, 27 checked annually).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 200 Log utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year Log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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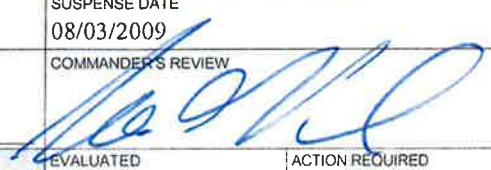
(2) CHP 113s and attachments processed in timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Does the command utilize the CHP 113A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are semi-annual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) CHP 113A maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Are unsafe conditions identified and documented on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copy of CHP 113B filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
g. Are the CHP 121 series forms thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisory comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208 form thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(6) New employees review and complete CHP 712A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe conditions identified, investigated, corrected and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided per bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
COMMENTS		

AREA	DIVISION	NUMBER
San Luis Obispo	Coastal	745
EVALUATED BY	DATE	
Captain Bill Vail	06/01/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 08/03/2009
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 06/17/2009
1. GOALS AND ACCOMPLISHMENTS		
EVALUATED	ACTION REQUIRED	CORRECTED
Yes	Yes	

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☒ Yes ☐ No
- (3) Are injuries increasing? ☒ Yes ☐ No
- (4) Why are they increasing/decreasing?

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☐ Yes ☒ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	
a. Commander actively involved in program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Commander active in injury/illness case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) What is the commander's attitude regarding occupational safety?			

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED
	Yes	No
CORRECTED		

a. Commander's method of identifying trends? Area has so few collisions/injuries which makes tracking trends very easy.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified?		

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. What is the composition of the COSC? See attached			
(1) Is there representation from each collective bargaining unit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED Yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Command specific IIPP on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Is the program effective?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Contains all required documents?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Discussed with all employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4) Employees receive training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

(5) Training documented?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED	ACTION REQUIRED	CORRECTED	
	Yes	No		
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1. GOALS AND ACCOMPLISHMENTS

a. All Area personnel are aware of the Department's Occupational Safety Program and the importance on daily operations. Occupational safety is discussed at quarterly staff meetings and Area training days.

(1) – (7): Occupational safety goals are developed based on past incidents and potential for exposure. The Area maintains three main goals in accordance with departmental standards (preventable patrol car collisions; preventable lost-time injuries; and accidental discharge of weapons).

b. Area has been extremely proactive in ensuring goals are not exceeded. In 2008, Area had a increase in preventable patrol car collisions in a 5-day period (3 – preventable collisions). Area management, in conjunction with the Area Training Officer put together a driving rodeo for all road patrol officers. Since that time, Area has not recorded a preventable patrol car collision.

(1) – (4) Area reviewed the most current CHP 113, Accident and Injury Report, and determined it contained accurate information. The CHP 113 is reviewed at every quarterly Occupational Safety Meeting, as well as at quarterly Staff Meetings. Injuries resulting from arrest situations are decreasing in part to the deployment of the Tasers. Additionally, the office is in a transition period with younger officer transferring into the Area. Both these factors have led to a decrease in the total number of reported injuries.

(5) – (7) The CHP 113 has not been posted in the past. **(ACTION ITEM)** Area personnel can readily observe progress on the Occupational Safety goals as they are posted on a display board in the briefing room.

2. PARTICIPATION

a. (1) – (6) The Area commander is actively involved through discussion at the quarterly staff meetings and Area training days. The Area commander understands the need for safe working conditions and is open to new ideas to improve any aspect of an officer's responsibilities. Supervisors ensure comments are made in monthly evaluations when officer safety or occupational safety items need to be addressed, which are then attached to an employee's annual evaluation.

b. (1) – (7) The Area's management team and supervisors are actively involved in presenting a positive attitude when it comes to occupational safety and ensure officers are aware of hazardous conditions or events.

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c. (1) – (8) Area employees are aware of the Occupational Safety Program. Area has had very few injury claims, so constant reminders are made during training days to ensure prompt reporting and case management. Officers have routinely offered suggestions to improve officer safety/occupational safety by recommending changes to the office or arrest technique. Recently, Area submitted a proposal to add an additional strap to the right rear seat to prevent an arrestee from moving their hands to the front after handcuffed. Additionally, Area personnel recommended the use of specialized soap to combat a possible exposure to poison oak.

3. ACCIDENT AND INJURY TRENDS

a. The Area commander monitors all reports of injury or state vehicle collisions occurring within the command. This was very evident during the 2008 year when the Area experienced three preventable patrol car collisions within a four day period.

(1) – (3) Trends are very easy to spot due to the infrequency of patrol car collisions or injuries which occur in the Area.

b. As previously mentioned, when the three preventable patrol car collisions occurred, the Area commander and training officer coordinated a driving rodeo to acquaint officers in safe driving techniques. Area has not had a preventable patrol car collision since.

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

a. The Command Occupational Safety Committee is made up of the commander, field operations officer, a uniformed supervisor, the clerical supervisor, dispatch supervisor, field officer and the automotive services mechanic.

(1) – (8) All bargaining units assigned to the Area are represented on the COSC. A supervisor has been designated as the Occupational Safety coordinator. Due to command structure, there has been some rotation on the COSC, but the main members are not rotated annually. The COSC meets quarterly usually after the Division Occupational Safety Committee meets in order to obtain information from that meeting.

b. All members are aware of their roles and responsibilities consistent with the Injury & Illness Prevention Program.

(1) – (5) An agenda is normally not prepared for the quarterly meetings (**ACTION ITEM**).

c. Minutes are prepared for the meeting and formalized in memorandum form. The Office Services Supervisor or Occupational Safety Coordinator usually acts as the Secretary.

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d. The OCSC meetings are an effective way to make decisions on field related or facility related concerns. Solutions are discussed and tasks assigned depending on item type or location (field, dispatch, or clerical).

(1) – (3) The COSC has made several decisions to improve safety of patrol officers and dispatchers. As previously mentioned, Area was able to procure specialized soap for poison oak exposure, additional safety measures for arrestees, additional safety door for clerical and new headsets for dispatch personnel.

e. Area personnel receive occupational safety information via training days, briefings or postings on the Occupational Safety Board in the briefing room.

g. Area has utilized personnel from a local fitness club to talk about healthy life styles and habits.

(1) – (7) The most recent CHP 113B could not be located. **(ACTION ITEM)** OCSC minutes have not been posted for Command employees to read. **(ACTION ITEM)** The OCSC Coordinator is responsible for posting safety materials and maintaining the bulletin board in the briefing room.

5. DOCUMENTATION

a. All personnel have valid STD. 261, Authorization to Use Privately Owned Vehicles on State Business, on file in their respective personnel folders.

b. Area has not utilized a DMV INF 254, Government Agency Request for Driver License/Identification Record Information, request.

c. The Office Services Supervisor I (OCSC member) maintains the CHP 113, Accident and Injury Report.

(1) – (6) All injuries and collisions are recorded and made within six working days of notification. The CHP 113 is kept in normal business files, which is readily accessible upon request. The CHP 113 has not been posted in the past. **(ACTION ITEM)**

d. There has been confusion in completing the CHP 113, which seems to be a Division wide problem. In the end, reconciliation is completed and reviewed by the Area commander.

e. The most recent CHP 113A, Safety Inspection Checklist, was conducted on January 23, 2009. The next one is scheduled to be conducted at the next COSC meeting on June 24, 2009.

(1) – (4) The CHP 113A is filed in routine business files in the clerical office. The COSC Coordinator will ensure a copy is place with the IIPP manual. **(ACTION ITEM)**

f. There were not uncorrected hazards identified during the last inspection. No CHP 113B, Hazard Report/Inspection, was completed. There were comments on the CHP 113A regarding the rear parking lot and open trenches. Appropriate signs and barriers were already in place to warn employee of potential hazards.

g. The CHP 121, Record of Injury, are reviewed at three levels (supervisor, management and then clerical supervisor).

(1) – (3) All comments accurately describe the injury and supporting statements are included. The commander signs all CHP 121's and are forwarded within the required timeframes.

h. The Area has not has a CHP 208 completed for over a year.

(1) – (4) Supervisors are instructed to ensure comments are specific and contain clear details on the events. The Area commander signs all CHP 208's leaving the command.

i. All injuries and accidents are documented on the CHP 442, Individual Accident, Injury, and Safety Recognition Record, which are contained in an employee's personnel file.

(1) – (2) Area has experienced a delay in obtaining safety emblems in the past, but has now created a self generated surplus through assigning new awards and obtaining the old emblem for re-issue.

j. All employees review the CHP 712A, Injury and Illness Prevention Program Orientation and review, annually during the annual performance evaluation process. This is an item included in pre-packaged evaluation packets.

(1) – (2) Copies of the CHP 712 are not kept with the IIPP file **(ACTION ITEM)**

6. INJURY AN ILLNESS PREVENTION PROGRAM

a. The Command does not have a specific IIPP on file **(ACTION ITEM)**

7. COMMUNICATION WITH DOSH

a. Employees are advised the procedures for contact DOSH on the bulletin board.

b. Command's documents are currently not located in the IIPP, but are located in Area files. **(ACTION ITEM)**

8. HAZARDOUS SUBSTANCE PROGRAM

a. Command does not have written Hazardous Substance Program for substances use with the Area. **(ACTION ITEM)**

(1) – (6)

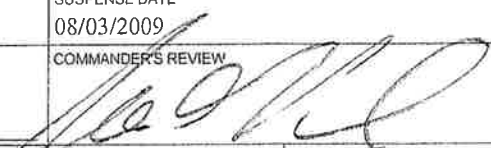
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS

a. The most common activity in which officers are prone to exposure is traffic collision investigation. Officers are exposed to poison oak and other hazardous materials being transported on the highway.

(1) – (4) All road patrol personnel have been briefed on the potential hazards mentioned above and received training in hazardous materials identification/protection. Additionally, Area has a nuclear power plant within its boundaries and exposure control kits/equipment has been assigned to each officer. Training is documented in the Employee Training Records System.

AREA	DIVISION	NUMBER
San Luis Obispo	Coastal	745
EVALUATED BY		DATE
Captain Bill Vail		06/01/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 08/03/2009
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW 
BY <u>G. TORRES</u>		DATE 06/17/2009
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes
		ACTION REQUIRED Yes
		CORRECTED 6/25/09

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☒ Yes ☐ No

(3) Are injuries increasing? ☒ Yes ☐ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☐ Yes ☒ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	------------------	-----------------------	-----------

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety?

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Commander's method of identifying trends? Area has so few collisions/injuries which makes tracking trends very easy.	
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified?	

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

Yes

ACTION REQUIRED

Yes

CORRECTED

6/25/09

a. What is the composition of the COSC? See attached

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☐ Yes ☒ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED Yes
		CORRECTED 6/25/09
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED Yes
a. Command specific IIPP on file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is the program effective?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Contains all required documents?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Discussed with all employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED Yes
a. Employees aware of procedures regarding DOSH inspections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED Yes
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Employees receive training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

(5) Training documented?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1. GOALS AND ACCOMPLISHMENTS

a. All Area personnel are aware of the Department's Occupational Safety Program and the importance on daily operations. Occupational safety is discussed at quarterly staff meetings and Area training days.

(1) – (7): Occupational safety goals are developed based on past incidents and potential for exposure. The Area maintains three main goals in accordance with departmental standards (preventable patrol car collisions; preventable lost-time injuries; and accidental discharge of weapons).

b. Area has been extremely proactive in ensuring goals are not exceeded. In 2008, Area had a increase in preventable patrol car collisions in a 5-day period (3 – preventable collisions). Area management, in conjunction with the Area Training Officer put together a driving rodeo for all road patrol officers. Since that time, Area has not recorded a preventable patrol car collision.

(1) – (4) Area reviewed the most current CHP 113, Accident and Injury Report, and determined it contained accurate information. The CHP 113 is reviewed at every quarterly Occupational Safety Meeting, as well as at quarterly Staff Meetings. Injuries resulting from arrest situations are decreasing in part to the deployment of the Tasers. Additionally, the office is in a transition period with younger officer transferring into the Area. Both these factors have led to a decrease in the total number of reported injuries.

(5) – (7) The CHP 113 has not been posted in the past. **(ACTION ITEM)** Area personnel can readily observe progress on the Occupational Safety goals as they are posted on a display board in the briefing room.

2. PARTICIPATION

a. (1) – (6) The Area commander is actively involved through discussion at the quarterly staff meetings and Area training days. The Area commander understands the need for safe working conditions and is open to new ideas to improve any aspect of an officer's responsibilities. Supervisors ensure comments are made in monthly evaluations when officer safety or occupational safety items need to be addressed, which are then attached to an employee's annual evaluation.

b. (1) – (7) The Area's management team and supervisors are actively involved in presenting a positive attitude when it comes to occupational safety and ensure officers are aware of hazardous conditions or events.

c. (1) – (8) Area employees are aware of the Occupational Safety Program. Area has had very few injury claims, so constant reminders are made during training days to ensure prompt reporting and case management. Officers have routinely offered suggestions to improve officer safety/occupational safety by recommending changes to the office or arrest technique. Recently, Area submitted a proposal to add an additional strap to the right rear seat to prevent an arrestee from moving their hands to the front after handcuffed. Additionally, Area personnel recommended the use of specialized soap to combat a possible exposure to poison oak.

3. ACCIDENT AND INJURY TRENDS

a. The Area commander monitors all reports of injury or state vehicle collisions occurring within the command. This was very evident during the 2008 year when the Area experienced three preventable patrol car collisions within a four day period.

(1) – (3) Trends are very easy to spot due to the infrequency of patrol car collisions or injuries which occur in the Area.

b. As previously mentioned, when the three preventable patrol car collisions occurred, the Area commander and training officer coordinated a driving rodeo to acquaint officers in safe driving techniques. Area has not had a preventable patrol car collision since.

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

a. The Command Occupational Safety Committee is made up of the commander, field operations officer, a uniformed supervisor, the clerical supervisor, dispatch supervisor, field officer and the automotive services mechanic.

(1) – (8) All bargaining units assigned to the Area are represented on the COSC. A supervisor has been designated as the Occupational Safety coordinator. Due to command structure, there has been some rotation on the COSC, but the main members are not rotated annually. The COSC meets quarterly usually after the Division Occupational Safety Committee meets in order to obtain information from that meeting.

b. All members are aware of their roles and responsibilities consistent with the Injury & Illness Prevention Program.

(1) – (5) An agenda is normally not prepared for the quarterly meetings (**ACTION ITEM**).

c. Minutes are prepared for the meeting and formalized in memorandum form. The Office Services Supervisor or Occupational Safety Coordinator usually acts as the Secretary.

AREA MANAGEMENT EVALUATION

Chapter 12 – Occupational Safety

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d. The OCSC meetings are an effective way to make decisions on field related or facility related concerns. Solutions are discussed and tasks assigned depending on item type or location (field, dispatch, or clerical).

(1) – (3) The COSC has made several decisions to improve safety of patrol officers and dispatchers. As previously mentioned, Area was able to procure specialized soap for poison oak exposure, additional safety measures for arrestees, additional safety door for clerical and new headsets for dispatch personnel.

e. Area personnel receive occupational safety information via training days, briefings or postings on the Occupational Safety Board in the briefing room.

g. Area has utilized personnel from a local fitness club to talk about healthy life styles and habits.

(1) – (7) The most recent CHP 113B could not be located. **(ACTION ITEM)** OCSC minutes have not been posted for Command employees to read. **(ACTION ITEM)** The OCSC Coordinator is responsible for posting safety materials and maintaining the bulletin board in the briefing room.

5. DOCUMENTATION

a. All personnel have valid STD. 261, Authorization to Use Privately Owned Vehicles on State Business, on file in their respective personnel folders.

b. Area has not utilized a DMV INF 254, Government Agency Request for Driver License/Identification Record Information, request.

c. The Office Services Supervisor I (OCSC member) maintains the CHP 113, Accident and Injury Report.

(1) – (6) All injuries and collisions are recorded and made within six working days of notification. The CHP 113 is kept in normal business files, which is readily accessible upon request. The CHP 113 has not been posted in the past. **(ACTION ITEM)**

d. There has been confusion in completing the CHP 113, which seems to be a Division wide problem. In the end, reconciliation is completed and reviewed by the Area commander.

e. The most recent CHP 113A, Safety Inspection Checklist, was conducted on January 23, 2009. The next one is scheduled to be conducted at the next COSC meeting on June 24, 2009.

AREA MANAGEMENT EVALUATION

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(1) – (4) The CHP 113A is filed in routine business files in the clerical office. The COSC Coordinator will ensure a copy is placed with the IIPP manual. **(ACTION ITEM)**

f. There were not uncorrected hazards identified during the last inspection. No CHP 113B, Hazard Report/Inspection, was completed. There were comments on the CHP 113A regarding the rear parking lot and open trenches. Appropriate signs and barriers were already in place to warn employee of potential hazards.

g. The CHP 121, Record of Injury, are reviewed at three levels (supervisor, management and then clerical supervisor).

(1) – (3) All comments accurately describe the injury and supporting statements are included. The commander signs all CHP 121's and are forwarded within the required timeframes.

h. The Area has not has a CHP 208 completed for over a year.

(1) – (4) Supervisors are instructed to ensure comments are specific and contain clear details on the events. The Area commander signs all CHP 208's leaving the command.

i. All injuries and accidents are documented on the CHP 442, Individual Accident, Injury, and Safety Recognition Record, which are contained in an employee's personnel file.

(1) – (2) Area has experienced a delay in obtaining safety emblems in the past, but has now created a self generated surplus through assigning new awards and obtaining the old emblem for re-issue.

j. All employees review the CHP 712A, Injury and Illness Prevention Program Orientation and review, annually during the annual performance evaluation process. This is an item included in pre-packaged evaluation packets.

(1) – (2) Copies of the CHP 712 are not kept with the IIPP file **(ACTION ITEM)**

6. INJURY AN ILLNESS PREVENTION PROGRAM

a. The Command does not have a specific IIPP on file **(ACTION ITEM)**

7. COMMUNICATION WITH DOSH

a. Employees are advised the procedures for contact DOSH on the bulletin board.

b. Command's documents are currently not located in the IIPP, but are located in Area files. **(ACTION ITEM)**

8. HAZARDOUS SUBSTANCE PROGRAM

a. Command does not have written Hazardous Substance Program for substances use with the Area. **(ACTION ITEM)**

(1) – (6)

9. HAZARDOUS EXPOSURE CONTROL PROGRAMS

a. The most common activity in which officers are prone to exposure is traffic collision investigation. Officers are exposed to poison oak and other hazardous materials being transported on the highway.

(1) – (4) All road patrol personnel have been briefed on the potential hazards mentioned above and received training in hazardous materials identification/protection. Additionally, Area has a nuclear power plant within its boundaries and exposure control kits/equipment has been assigned to each officer. Training is documented in the Employee Training Records System.

M e m o r a n d u m

Date: March 16, 2009

To: Coastal Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Santa Maria Area

File No.: 750.12036.Ch12Inspection

Subject: CHAPTER 12 INSPECTION

Santa Maria Area has completed its Chapter 12, *Occupational Safety*, command level self-inspection as directed by Coastal Division. The self inspection was conducted as specified in HPG 22.1, *Area Resources Management Guide*. I have reviewed the attached inspection forms and one issue was identified for correction: the Occupational Safety Committee will begin reviewing the actual CHP113, *Accident and Injury Report*, and the OSHA 300, *Log of Occupational Injuries and Illnesses*, form entries at the next Area Occupational Safety Committee meeting.

M. L. OLSON, Lieutenant
Commander

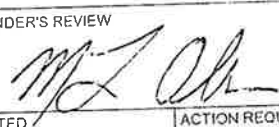
Attachment

cc: Sergeant M. Clare

Safety, Service, and Security

AREA Santa Maria - 750	DIVISION Coastal	NUMBER 750-09-001
EVALUATED BY Sgt. M. Clare, 12426		DATE 03/09/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 3-13-09
BY _____		EVALUATED Yes	ACTION REQUIRED No
1. GOALS AND ACCOMPLISHMENTS		CORRECTED	

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☐ Yes ☒ No
- b. Are goals being accomplished? ☐ Yes ☒ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☒ Yes ☐ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? Accidents increased in 2008. Since Area normally experiences zero or one per year, this was quite an increase. Two of the three accidents ^{WERE} property damage only collisions which resulted from improper backing. The third was a right-of-way violation by the officer. In each collision, circumstances were unique, so no trend has been established.
- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Commander actively involved in program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Commander active in injury/illness case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) What is the commander's attitude regarding occupational safety? It is his opinion that safety is our number one operational goal.			

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED Yes
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a. Commander's method of identifying trends? Personal review of each accident/injury.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? N/A

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED Yes	ACTION REQUIRED No	CORRECTED	
a. What is the composition of the COSC? Commander, Sergeant, Office Supervisor, Office Assistant, Special Duty Officer, Road Officer, Automotive Technician, and Maintenance Worker.				
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1. b. (7) - Command Safety Committee personnel evaluate safety issues and make suggestions.

2. b. (5) and (6) - Area supervisors include an occupational safety message in monthly and annual evaluations.

3. a. (2) - Although injuries and accidents are discussed, the actual forms are not reviewed. We will begin that practice at the next occupational safety meeting.

5. c. (6) - OSHA 300 posted in briefing room in February of each year.

5. j. (2) - CHP 712a forms are kept in each individual's personnel folder and are updated during their annual evaluation conference.

7. b. - HPM 10.6 Chapter 5 has been provided to each employee.

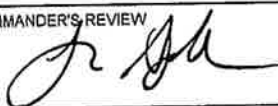

8. - All substances used by Area are packaged with manufacturer instructions and warnings. These substances include household cleaners, brake cleaner fluid, Safety Kleen parts cleaner (instructions and precautions included on the parts cleaning machine), and miscellaneous household chemicals. HPM 10.6 exempts these products from the requirement for a Hazardous Substance Program; however, MSDS are available on the occupational safety bulletin board for all of these products.

HPM 10.6 Chapter 7 Paragraph 3. b. (5) Consumer products packaged for public use (standard containers of cleansers, bleaches, etc.) are excluded [from the requirement for a Hazardous Substance Program] as are pesticides, hazardous wastes (regulated by Environmental Protection Agency), food, drugs, and cosmetics used by employees.

9. - Training conducted at EMT and EMR refreshers.

AREA 760	DIVISION COASTAL	NUMBER
EVALUATED BY SGT. DAVE ROBERTSON		DATE 3/21/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 4/10/09
BY _____		EVALUATED 	ACTION REQUIRED NO
1. GOALS AND ACCOMPLISHMENTS		CORRECTED	

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No


(4) Why are they ~~increasing~~/decreasing? _____

Increased Area employee safety program awareness and voluntary participation has resulted in a **decrease** in the number of recordable vehicle accidents, preventable recordable vehicle accidents and serious/traumatic injuries.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED 	ACTION REQUIRED NO	CORRECTED
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? _____

The Area Commander is actively involved in all aspects of the Occupational Safety Program. He attends all COSC meetings and addresses occupational safety issues during staff meetings, Area training days, and during shift briefings. The Commander's attitude towards occupational safety issues is exemplary and he clearly demonstrates his concern, interest and enthusiasm on each occasion.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
		NO	

a. Commander's method of identifying trends?


The Area Commander actively monitors accidents and injuries for trends. The Commander works closely with the FOO, supervisors, employees and COSC both to identify trends and implement corrective action as necessary.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified?

The Area prepares briefing items on the identified trends, the trends is discussed during Area training days and at COSC meetings.




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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED 	ACTION REQUIRED NO	CORRECTED	
a. What is the composition of the COSC?				
The Santa Barbara Area COSC is composed of the Area Commander, Field Operations Lieutenant, AOS Program Coordinator (sergeant), and one officer representing the field (rotating), a motorcycle officer (rotating), and one officer representing special duty (rotating), the Clerical Supervisor, automotive technician, maintenance worker and newly assigned officers to the Area.				
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED <i>[Signature]</i>	ACTION REQUIRED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

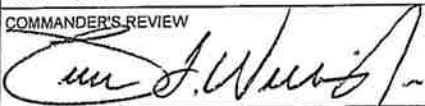
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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED <i>[Signature]</i>	ACTION REQUIRED <i>No</i>
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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AREA Moorpark	DIVISION Coastal	NUMBER 770
EVALUATED BY F. Martinez, Sgt., #13747		DATE 01/29/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/31/2009
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correction Report BY	COMMANDER'S REVIEW  DATE 3/24/09
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes
		ACTION REQUIRED -NO-
		CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? Training is provided in daily briefings. Supervisory ride-a-longs are also conducted to ensure safe practices are applied and performed.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED Yes	ACTION REQUIRED	CORRECTED
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety?

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3. ACCIDENT AND INJURY TRENDS	EVALUATED Yes	ACTION REQUIRED	CORRECTED

- a. Commander's method of identifying trends? The Area Commander reviews statistics and trends, and compares them with established goals. He further maintains an open line of communication with Area personnel and solicits safety concerns.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? The Area Commander works with Area personnel to correct any deficiencies prior to a trend being established.		

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED Yes	ACTION REQUIRED	CORRECTED
a. What is the composition of the COSC? The Area management team, the Occupational Safety Sergeant, and employee from the clerical staff, and field officers.			
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED CORRECTED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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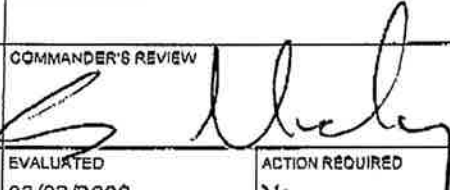
(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Since the Area's inception on 11/07/2005, The Moorpark Area Commander has been and continues to be very supportive of occupational safety. He also stresses upon Area personnel that this Area facility continues to reflect those beliefs. The Area Commander's philosophy is to keep occupational safety at the forefront of everyone's mind. The occupational safety committee tries to be innovative with new ideas and maintains a proactive role regarding occupational awareness.

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AREA Conejo I.F.	DIVISION Coastal	NUMBER 771
EVALUATED BY Sgt. M. Lamons		DATE 03/02/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CORRECTION REPORT <input type="checkbox"/> Correction Report	
BY		COMMANDER'S REVIEW 	DATE 3/19/09
1. GOALS AND ACCOMPLISHMENTS		EVALUATED 03/02/2009	ACTION REQUIRED No

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☐ Yes ☒ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? Occupational Safety Goals have remained constant over the last several years. There have been no preventable traumatic injuries and an average of one preventable recordable motor vehicle accident over the last five years with the goal of zero.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

PARTICIPATION	EVALUATED 03/02/2009	ACTION REQUIRED No	CORRECTED
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Commander attends all Occupational Safety Committee Meetings and actively encourages all facility personnel to report unsafe conditions. Commander developed an additional Facility Committee to address concerns regarding the facility and maintenance.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

ACCIDENT AND INJURY TRENDS

EVALUATED 03/02/2009	ACTION REQUIRED No	CORRECTED
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- a. Commander's method of identifying trends? Commander reviews all reported documentation related to accident and injury to determine any commonalities.

- | | | |
|---|---|-----------------------------|
| (1) Are accidents and injuries being monitored to identify trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are personnel in the command aware of current and potential trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

- b. What corrective action has the command taken when a trend has been identified? No trends have been identified due to minimal occurrences of reported accident and injury and illness cases. Command emphasizes good occupational safety practices and takes corrective action if needed on individual cases to avoid trends.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED 03/02/2009	ACTION REQUIRED Yes	CORRECTED 03/02/2009	
a. What is the composition of the COSC? 1 Lieutenant Commander, 1 Sergeant, 2 Officers, 2 Commercial Vehicle Inspection Specialists, 1 Office Technician, and 1 Janitor.				
(1) Is there representation from each collective bargaining unit?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Management and supervisory representation?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Command Safety Coordinator assigned?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Command Safety Coordinator active and effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are committee assignments rotated?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC meetings held quarterly?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are meetings held more frequently when goals are not being attained?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Do all committee members attend the meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are roles and responsibilities defined in accordance with IIPP?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do committee members understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is an agenda prepared prior to the meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are departmental and Division Occupational Safety meetings minutes readily available?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are these minutes utilized for Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are assignments given during Area meetings?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Minutes prepared for the COSC meeting?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Recording secretary appointed?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Minutes posted on command's Occupational Safety Board?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are minutes included in IIPP file?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate current information and training regarding health and safety issues?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Does the command maintain an effective health and safety communications system?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 03/02/2009	ACTION REQUIRED Yes
		CORRECTED 03/04/2009
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 03/02/2009	ACTION REQUIRED CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
COMMUNICATION WITH DOSH	EVALUATED 03/02/2009	ACTION REQUIRED Yes
a. Employees aware of procedures regarding DOSH inspections?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 03/02/2009	ACTION REQUIRED CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 03/02/2009	ACTION REQUIRED CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Summary4. Command Occupational Safety Committee (COSC)

The CHP 113B has not been readily utilized to report potential hazards due to the open communication between command staff and employees. Often employees bring potential hazards to the attention of a supervisor or commander through direct contact or memorandum. These problems are resolved in a timely manner based on the hazard.

In the future all employees reporting a potential hazard will be required to fill out the CHP 113B (Hazard Report/ Inspection) in accordance with policy.

5. Documentation

As described above the CHP 113B will be utilized to document all potential hazards located and reported by facility personnel.

6. Communication with DOSH

Employees are not fully aware of procedures regarding DOSH inspections with the exception of the commander and supervisors. Employees will be provided training on DOSH inspections in order to know their role in the inspection process and be better prepared to assist the inspector as required. This training will be accomplished during the second quarter training day scheduled in June.